

# EXHIBIT G

008

**(CIVIL CLAIM FOR MONEY)** Commonwealth of Virginia  
 CITY VA CODE §§ 16.1-79  
 General District Court

CITY OR COUNTY  
 315 WEST CHURCH AVE SW END FL ROANOKE VA 24016  
 STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Defendant(s).  
 TO THE DEFENDENT(S): You are summoned to appear before this Court at the above address on  
 06/12/08 9:30AM

RETURN DATE AND TIME to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED 4/24/08 Q. J. J. J.  
☐ CLERK ☒ DEPUTY CLERK ☐ MAGISTRATE

**CLAIM:** Plaintiffs claim that Defendant(s) owe Plaintiff(s) a debt in the sum of  
 PLUS PRE-JUDGMENT INTEREST OF 70.79  
 \$ 1154.09 net of any credits, with interest at 6% from 04/20/07 until paid  
 46.75 costs and \$ 0.00 attorney's fees with the basis of this claim being  
 COSTS ATTY. FEES

☒ Open Account ☐ Contract ☐ Note ☐ Other (EXPLAIN)

**HOMESTEAD EXEMPTION WAIVED?** ☐ Yes ☒ No ☐ cannot be demanded  
 APR 16 2008 1282967

DATE PLAINTIFF PLAINTIFF'S ATTORNEY PLAINTIFF'S EMPLOYMENT

**CASE DISPOSITION**  
☒ JUDGMENT ☒ JUDGMENT ☐ JUDGMENT ☐ JUDGMENT  
 net of any credits, with interest at 6% from date  
 of judgment until paid, \$ 46.75 costs and \$ 0.00 attorney's fees

**HOMESTEAD EXEMPTION WAIVED?** ☐ YES ☐ NO ☐ CANNOT BE DEMANDED

☐ JUDGMENT FOR ☐ NAMED DEFENDENT(S)  
☐ NON-SUIT ☐ DISMISSED

Defendant(s) Present? ☒ YES ☐ NO  
 6/12/08 (DATE) JUDGE COURT

01/01/2008 03:00 FAX 5404841027  
 FORM DC-412X (FRONT) REVISED 07/2004 (1143-205 06/07)

**CASE NO. 08007722**  
 CARILION MEDICAL CENTER DBA  
 CARILION ROANOKE MEMORIAL  
 PLAINIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  
 HOSPITAL AND CARILION ROANOKE  
 COMMUNITY HOSPITAL  
 PO BOX 11566  
 ROANOKE VA 24022  
 888-224-2030  
 V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  
 JENNIFER NICOLE PATE  
 ALAN F PATE  
 515 PRIMROSE RD  
 BODINES MILL VA 24065  
 XXX-XX-0025, XXX-XX-0840  
 GREENWAY & ASSOCIATES  
 2008 APR 23

**WARRANT IN DEBT**  
 \*\*\*  
 TO DEFENDANT: You are not required to appear, however, if  
 you fail to appear, judgment may be entered against you. See the  
 additional notice on the reverse about requesting a change of trial  
 location.  
☐ To dispute this claim, you must appear on the return date to  
 try this case.  
☒ To dispute this claim, you must appear on the return date for  
 the judge to set another date for trial

Bill of Particulars ORDERED DATE  
 Grounds of Defense ORDERED DATE  
 ATTORNEY FOR PLAINTIFF(S)  
 ATTORNEY FOR DEFENDANT(S)

HEARING DATE  
 AND TIME  
 06/12/08  
 9:30AM

JUDGMENT PAID  
 OR SATISFIED  
 PURSUANT TO  
 ATTACHED  
 NOTICE OF  
 SATISFACTION  
 DATE  
 CLERK

DISABILITY  
 ACCOMMODA-  
 TIONS for loss  
 of hearing, vision,  
 mobility, etc.  
 Contact the court  
 ahead of time.

**NOTICE OF SATISFACTION**  
Commonwealth of Virginia VA CODE §§ 8.01-506.2, 16.1-94.01

007

ROANOKE CITY

☒ General District Court  
☐ Juvenile and Domestic Relations District Court

315 W CHURCH AVE 2nd FL ROANOKE, VA 24016

COURT ADDRESS

A judgment was rendered in favor of the judgment creditor for \$ 1154.09 + 70.79  
on 06/12/08 in ROANOKE CITY Court

The judgment creditor hereby notifies the court that this judgment has been paid in full or was otherwise  
satisfied on 07/07/08

DATE

MAR 11 2009

DATE

☒ JUDGMENT CREDITOR ☐ JUDGMENT CREDITOR'S ATTORNEY ☐ JUDGMENT CREDITOR'S AGENT

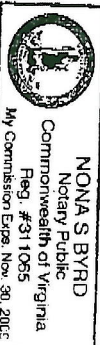
Acknowledged, subscribed and sworn to (or affirmed) before me this day

MAR 11 2009

DATE

☐ CLERK ☐ DEPUTY CLERK ☒ NOTARY PUBLIC

My commission expires 11/30/10



01/01/2008 03:00 FAX 5404841027

FORM DC-438 REVISED 7/05 (114-3-010 04/05)

Case No. 08007722 \* 1282967

JUDGMENT CREDITOR'S NAME (LAST, FIRST, MIDDLE)  
CARLTON MEDICAL CENTER

P. O. BOX 11586  
STREET ADDRESS

ROANOKE, VA 24002  
(540) 982-3413

TELEPHONE NUMBER

JENNIFER NICOLE PATE

JUDGMENT DEBTOR'S NAME (LAST, FIRST, MIDDLE)

ALAN F PATE

515 EXETER STREET  
BOONES MILL, VA 224065

CITY, STATE, ZIP

TELEPHONE NUMBER

JUDGMENT CREDITOR'S ATTORNEY'S NAME

STREET ADDRESS

CITY, STATE, ZIP